

Evaluation of a Spiritually-based Intervention to Increase Colorectal Cancer Knowledge and Screening Among Church- attending African Americans and Whites

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Funded by:



Organization of Presentation

- Background on CRC
- Specific Aims
- Description of intervention
- Evaluation
- Conclusion



Background

- Colorectal cancer (CRC) is 3rd most common cancer in incidence and mortality in the United States (Jemal, et al., 2005)
- African Americans have higher incidence, increased mortality, and present at a more advanced stage (Jemal, et al., 2004)
- CRC can be prevented if polyps are found early and removed
- CRC is curable if detected early



CRC Prevention & Control

SCREENING RECOMMENDATIONS

Starting at age 50: (age 45 for African Americans)*

- Fecal occult blood test (FOBT) each year
- Flexible Sigmoidoscopy (every 5 years)
- FOBT + Flexible Sigmoidoscopy
- Colonoscopy (every 10 years)
- Double Contrast Barium Enema (DCBE) every 5 years

{Average risk patients: American College of Gastroenterology}



* [Agrawal, et al., 2005]

MINORITY HEALTH & RESEARCH CENTER

Purpose of Study

- Develop, implement, and evaluate 3 strategies aimed at improving public awareness of CRC and increasing CRC screening in selected communities in Alabama
- Based on formative research findings



Intervention Development and Implementation

- Development & implementation of 3 intervention strategies to increase CRC awareness and screening
- Material developed utilizing focus groups results and by examination of other previously developed CRC educational messages



Three-tiered approach

The goals of the project are being carried out through:

- Media campaign
- Physician education
- *Spiritually-based church intervention



Spiritually-based Colorectal Cancer Education

- Train Community Health Advisors to educate their fellow parishioners about CRC screening
- Plan events in churches (e.g., health fairs, speakers) to increase awareness about CRC screening



CRC Educational Brochures

- Targeted contents & graphics for African American & European-American
- Distributed in churches by CHAs
- Incorporates a faith-based approach to educating about colorectal cancer prevention & screening



Spiritually-based Program

- Community Health Advisors in each church trained in role of the CHA and in CRC
- CHAs recruit church members for baseline survey by phone (by study staff)
- CHAs educate their members on CRC
 - Distribute educational booklets, etc.
- Follow-up surveys administered by phone
- Structured educational event in each church



Results: Study Sample

- N=170 completed baseline survey
- N=42 ineligible due to < age criterion
- N=128 analytical sample
- Mean age = 57.23 (SD = 7.41); 45-80
- 80 women; 42 men (6 did not report)
- 103 African American; 19 White (6 nr)



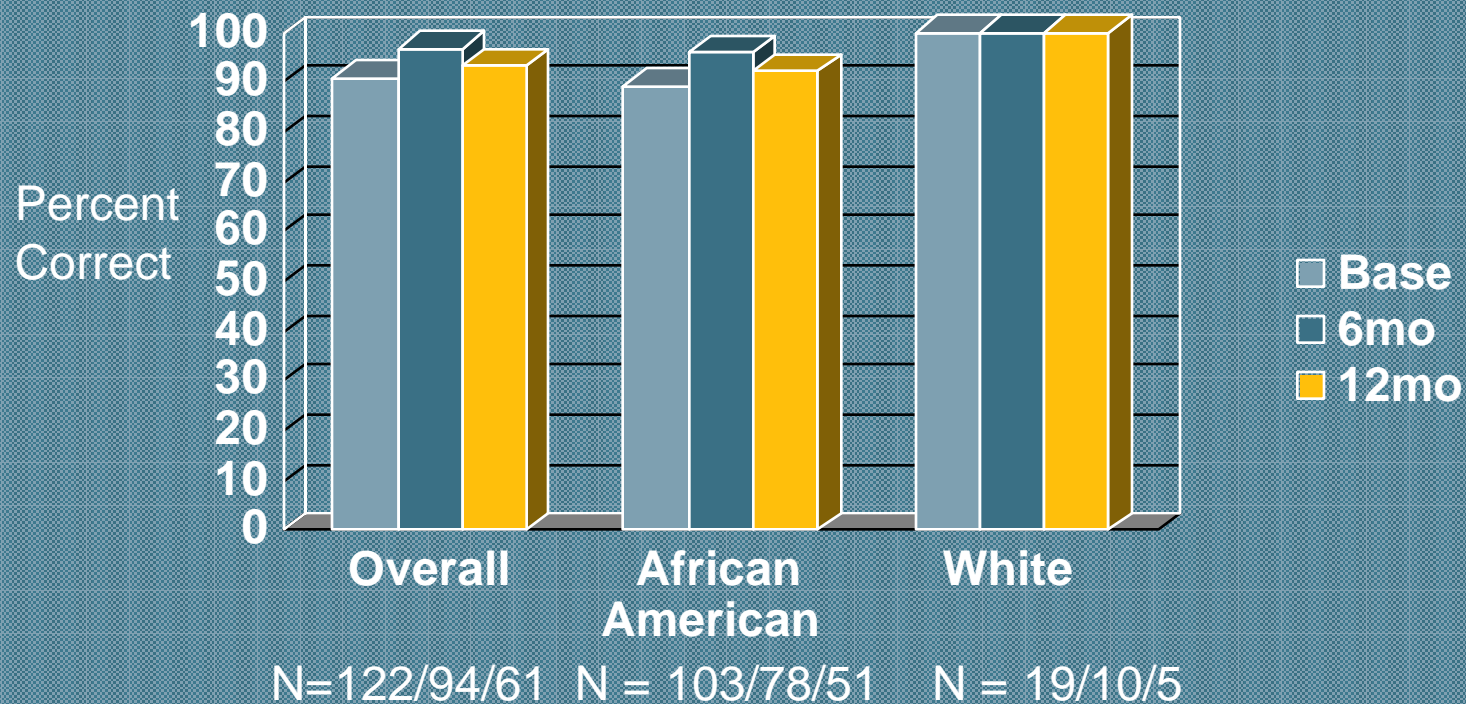
Results: Study Sample

- Most were:
 - Married (85; 66.4%)
 - Employed full time (83; 64.8%)
- Average years of education was ~15
- Median annual income 70k-80k range



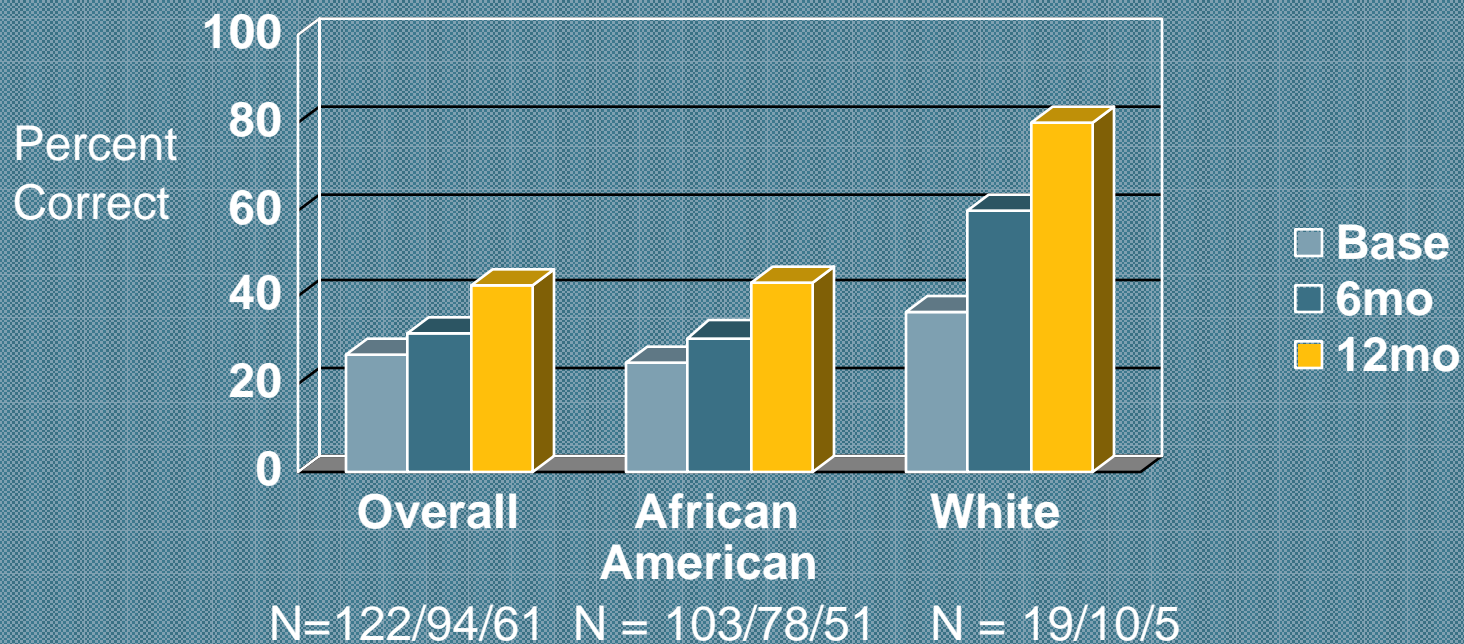
Results: Knowledge

CRC is cancer of the colon or rectum



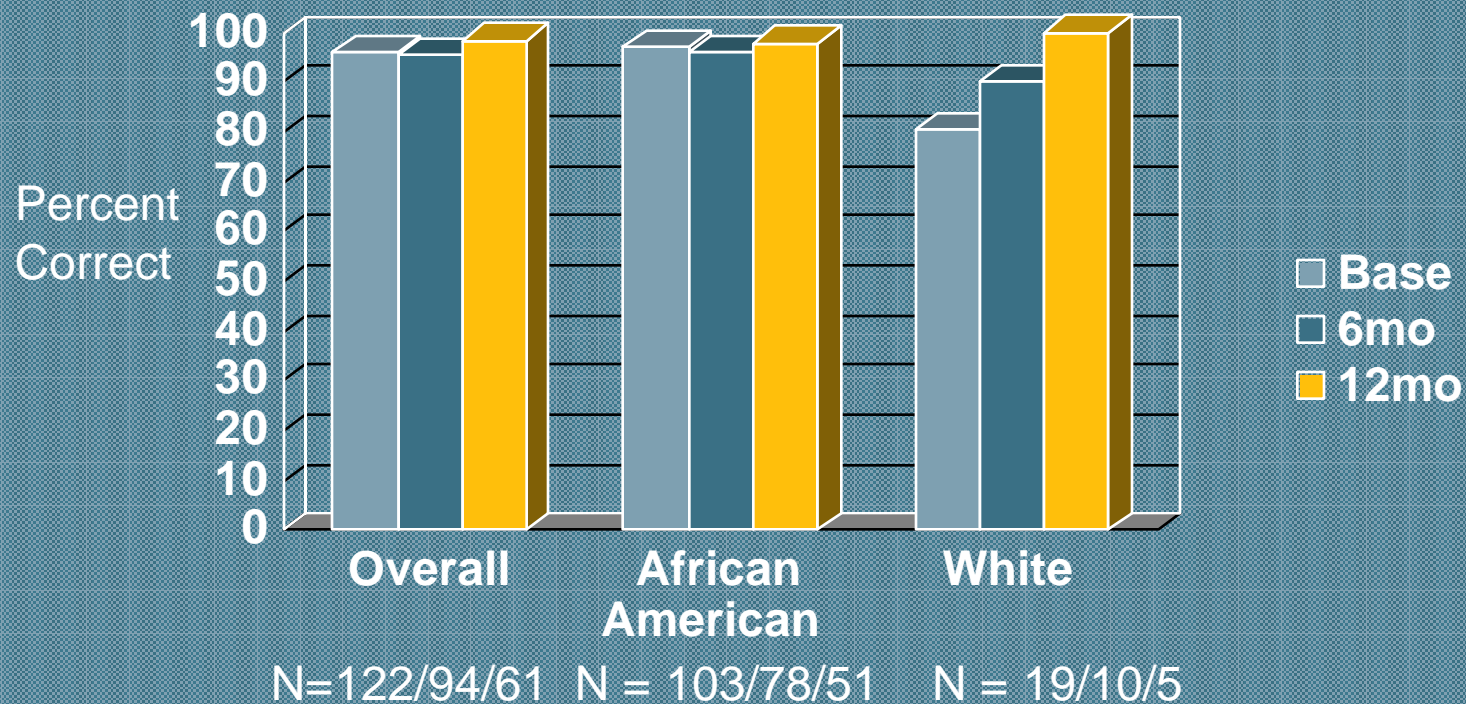
Results: Knowledge

CRC is the leading cause of cancer death



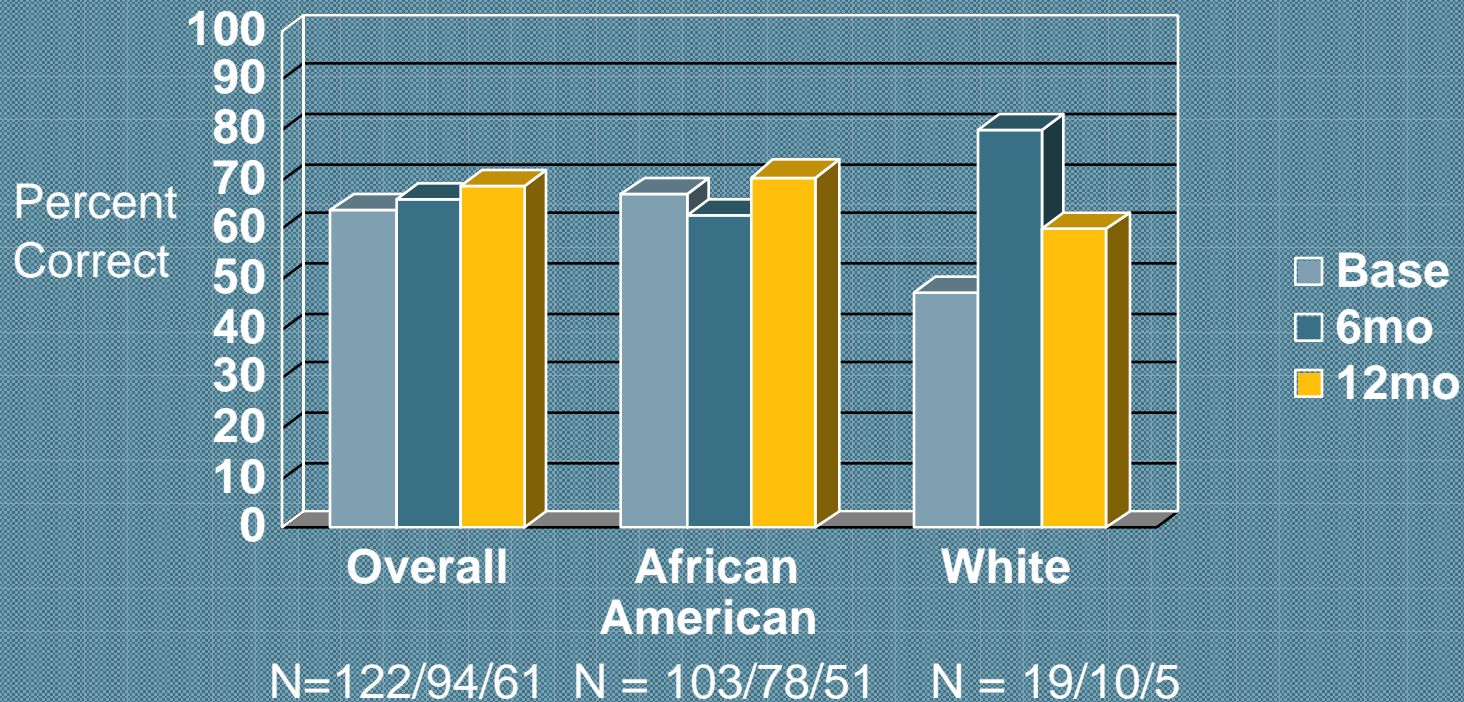
Results: Knowledge

CRC affects only older White men



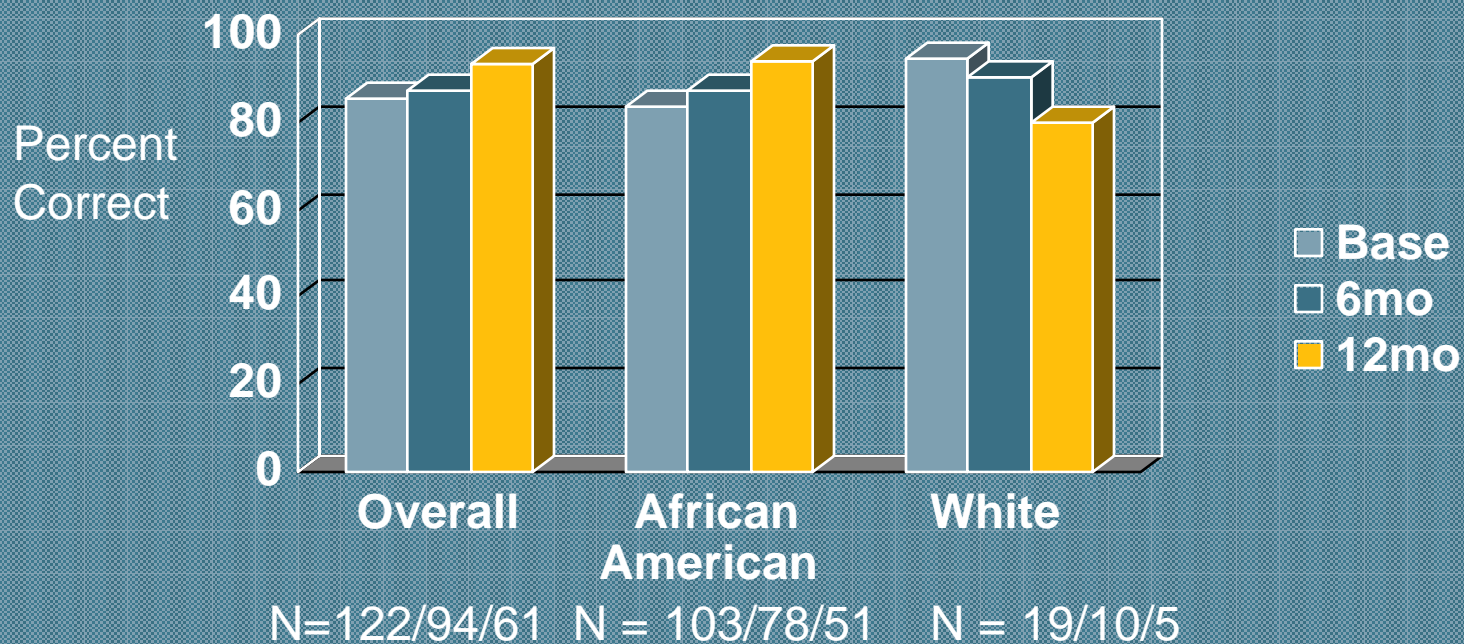
Results: Knowledge

CRC is the third most common cancer



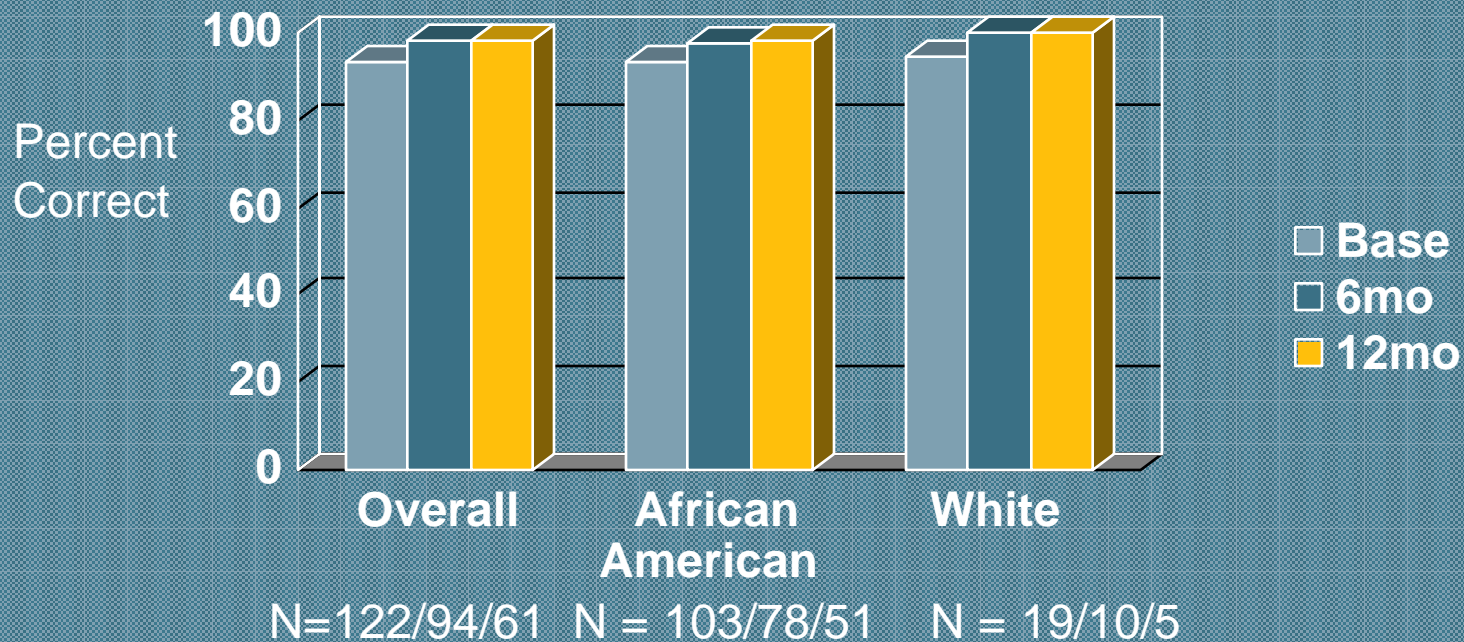
Results: Knowledge

Risk of CRC becomes greater as a person gets older



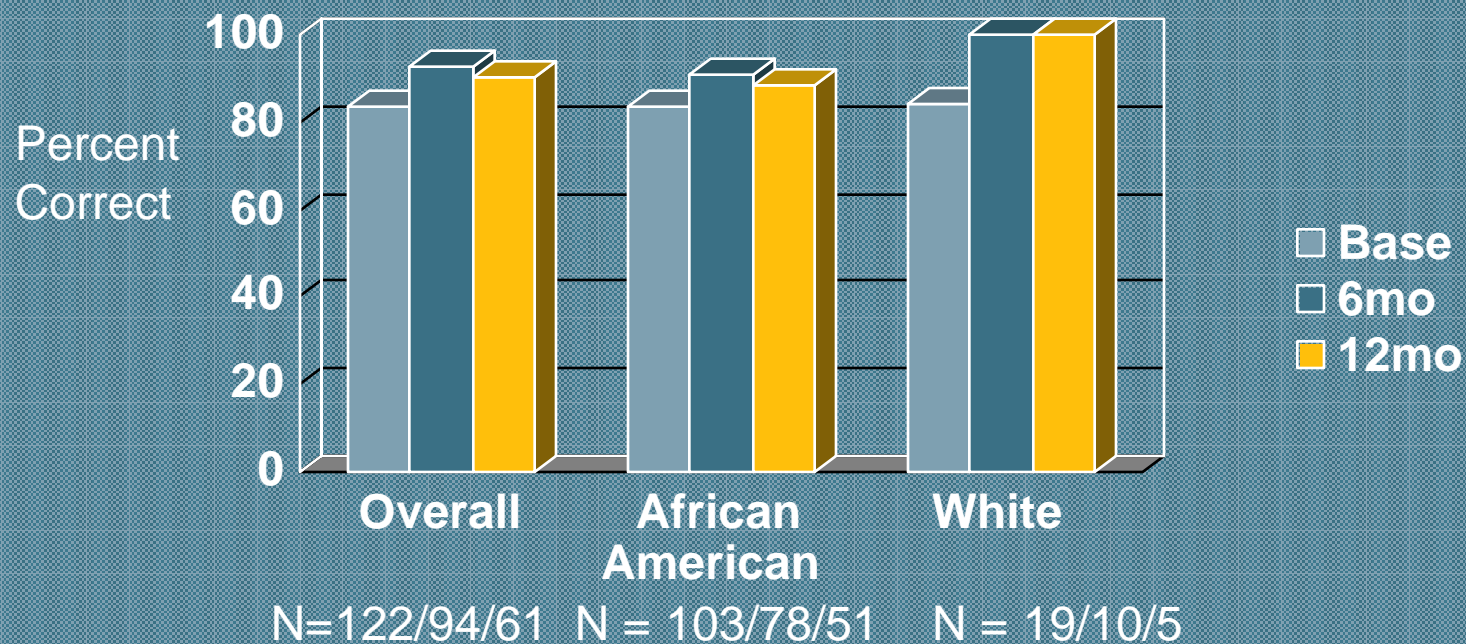
Results: Knowledge

Both men and women are at risk for CRC



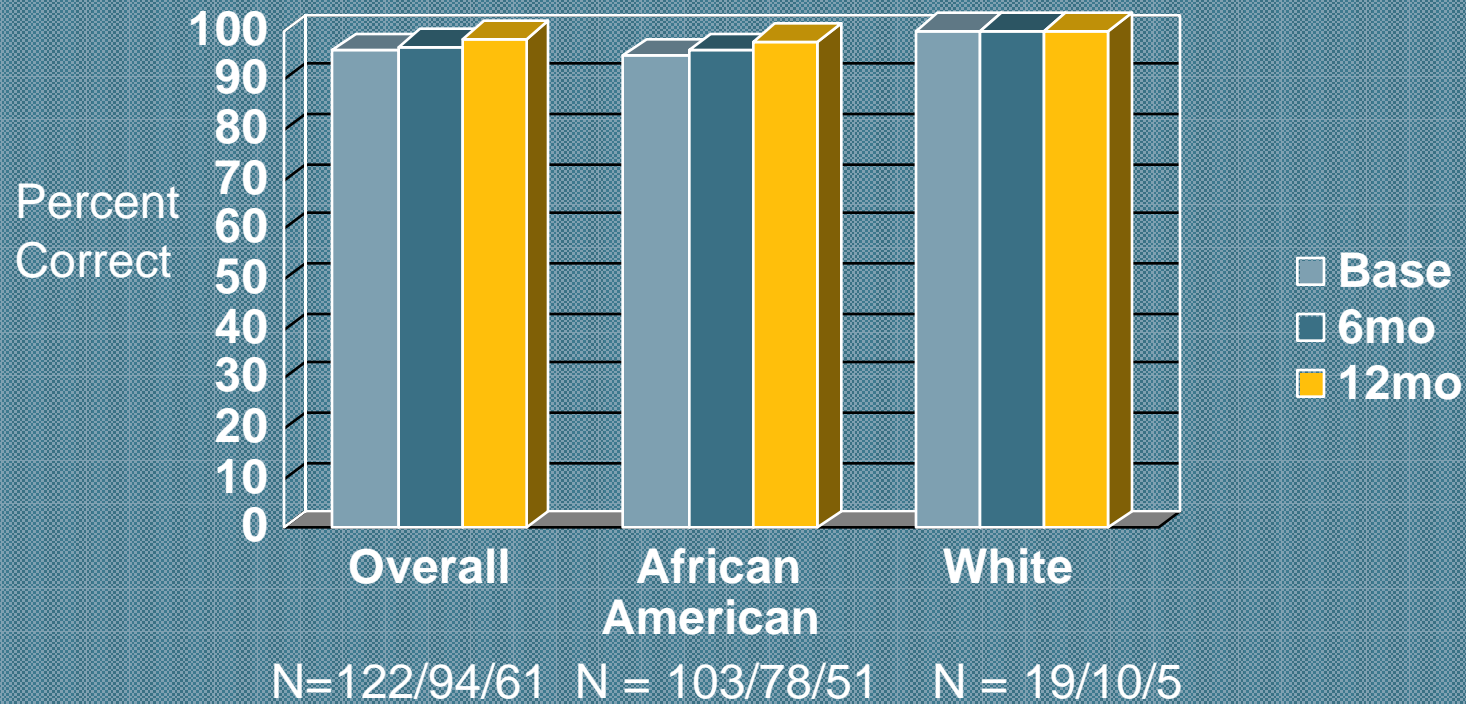
Results: Knowledge

CRC begins as a growth in the colon/rectum



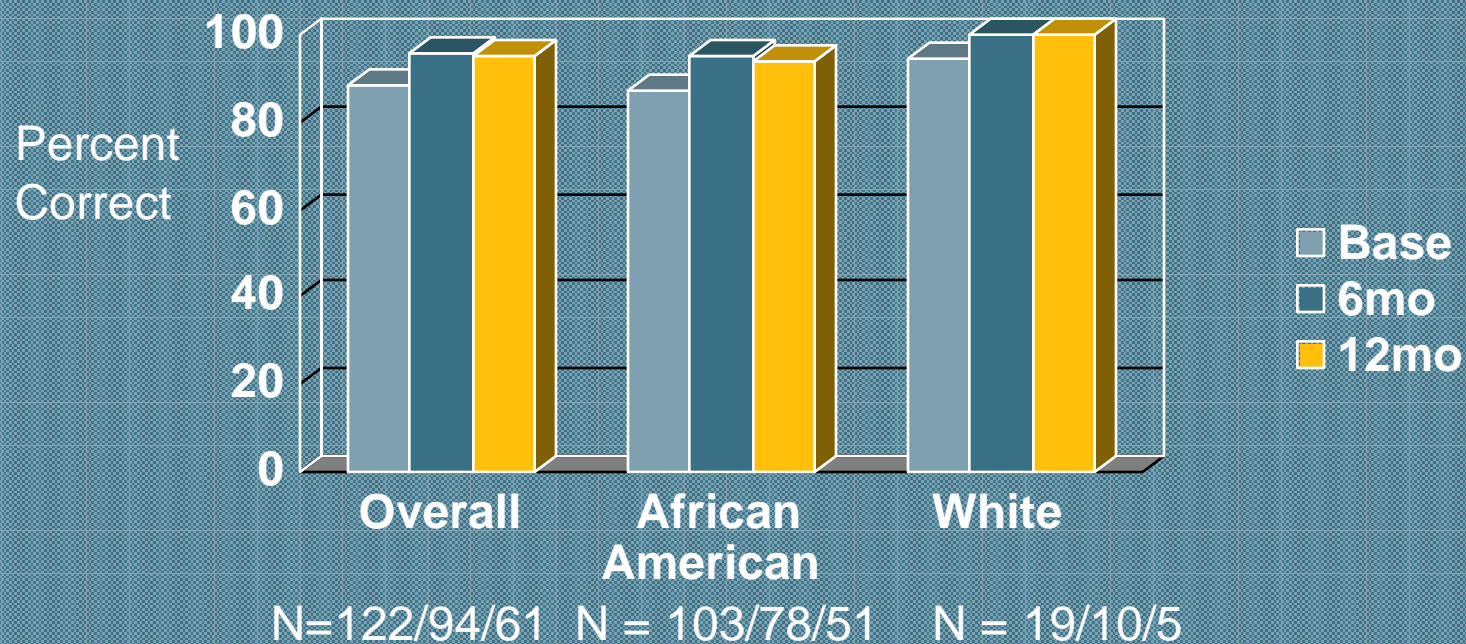
Results: Knowledge

Bleeding is a symptom to report



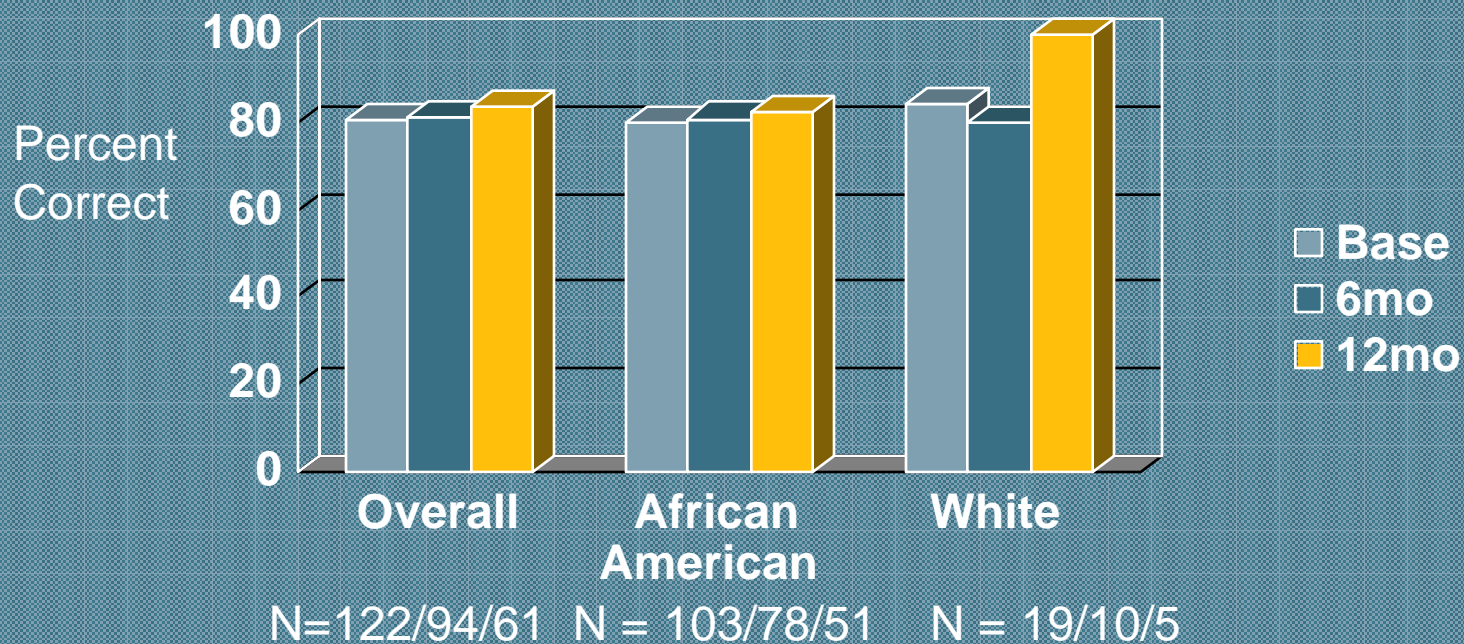
Results: Knowledge

Change in bowel habits is a symptom to report



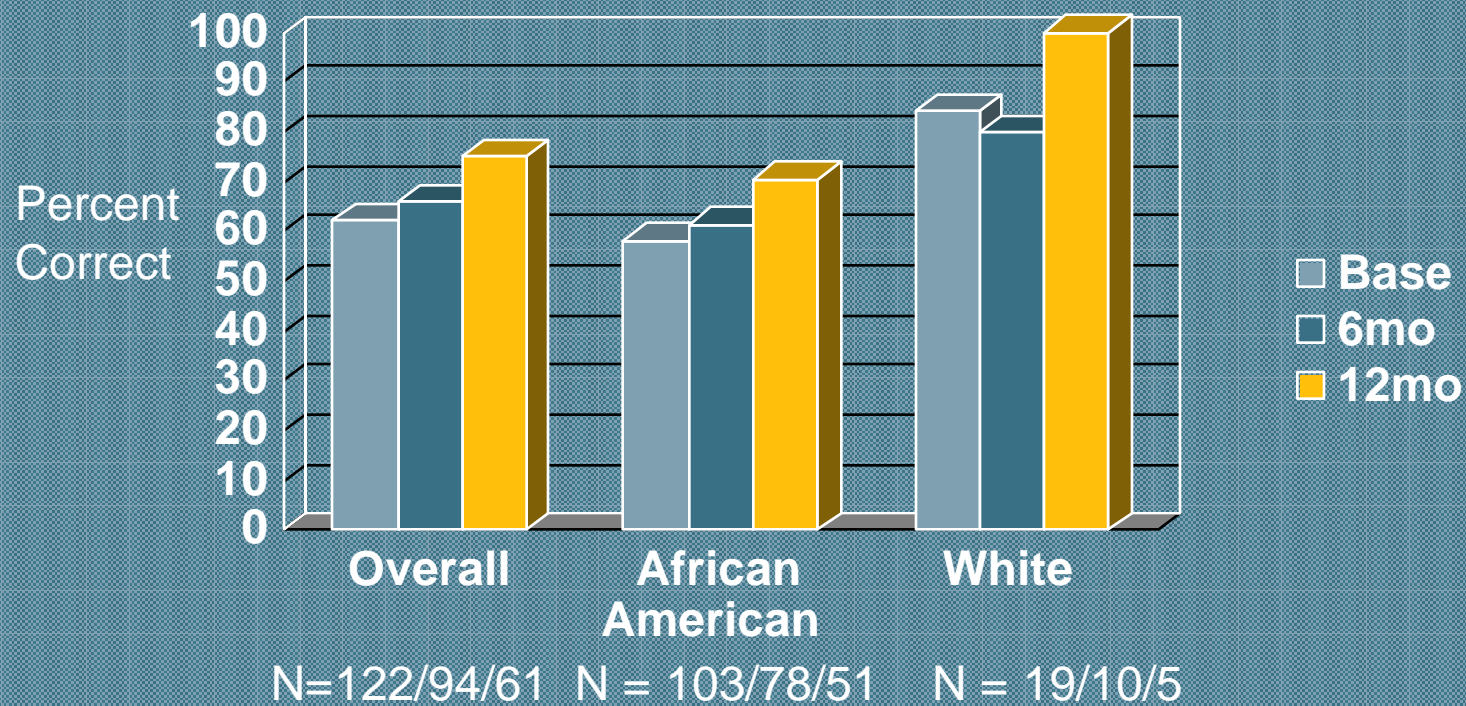
Results: Knowledge

There is nothing you can do to prevent CRC



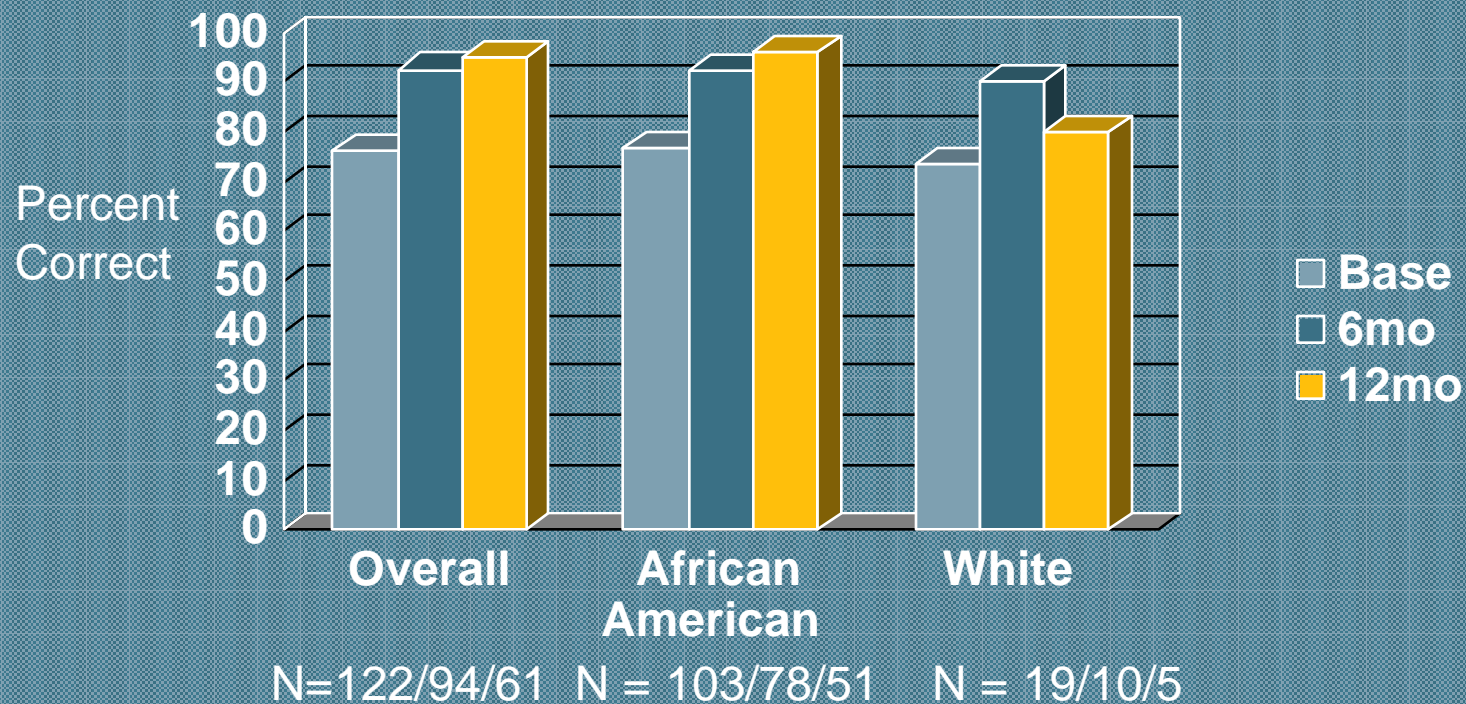
Results: Knowledge

CRC is usually fatal



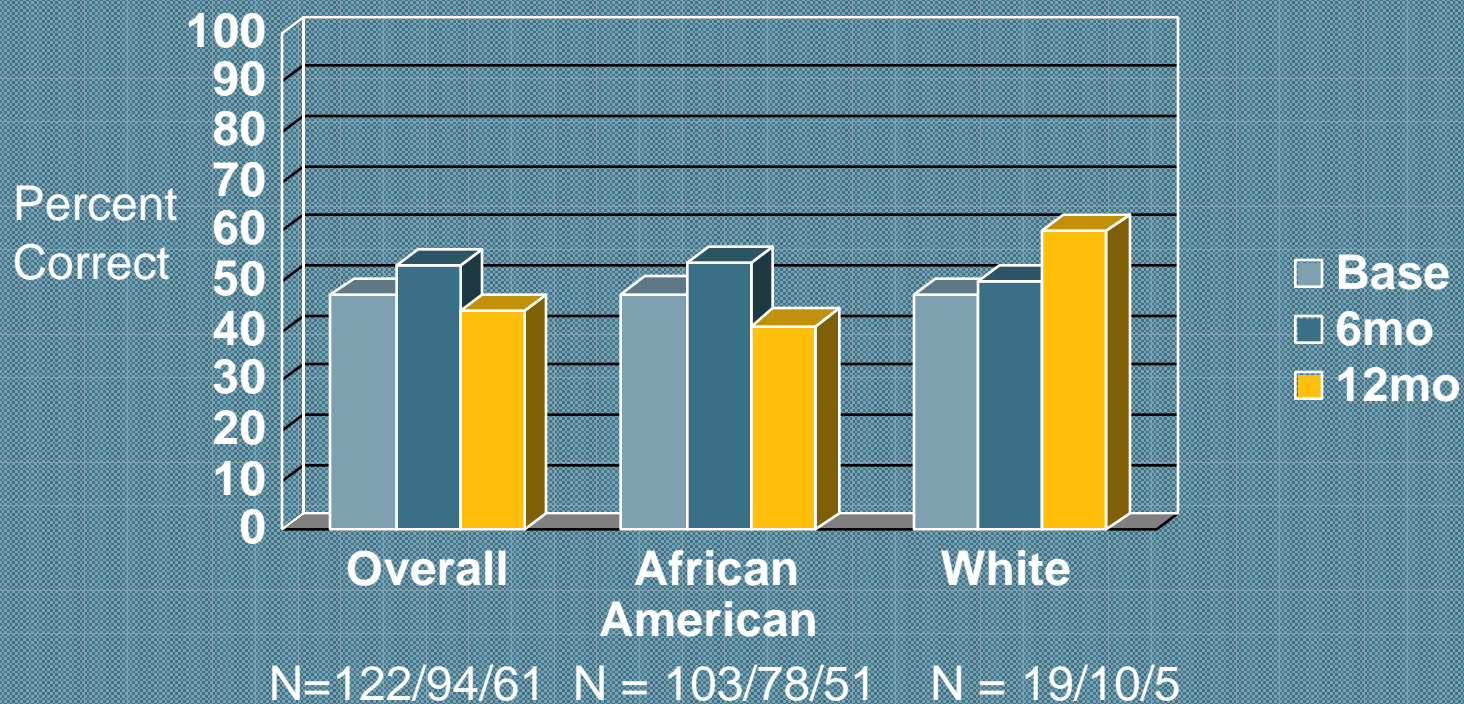
Results: Knowledge

CRC has several screening tests



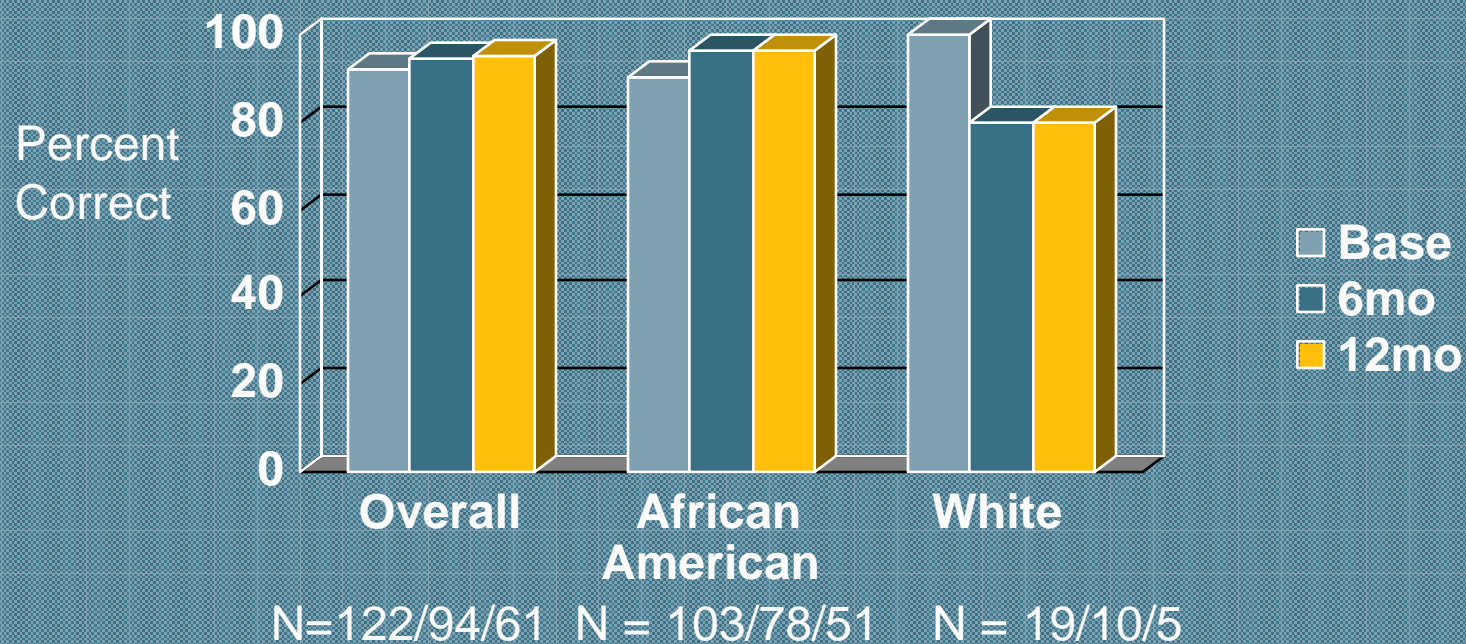
Results: Knowledge

CRC screening begins after age 50*



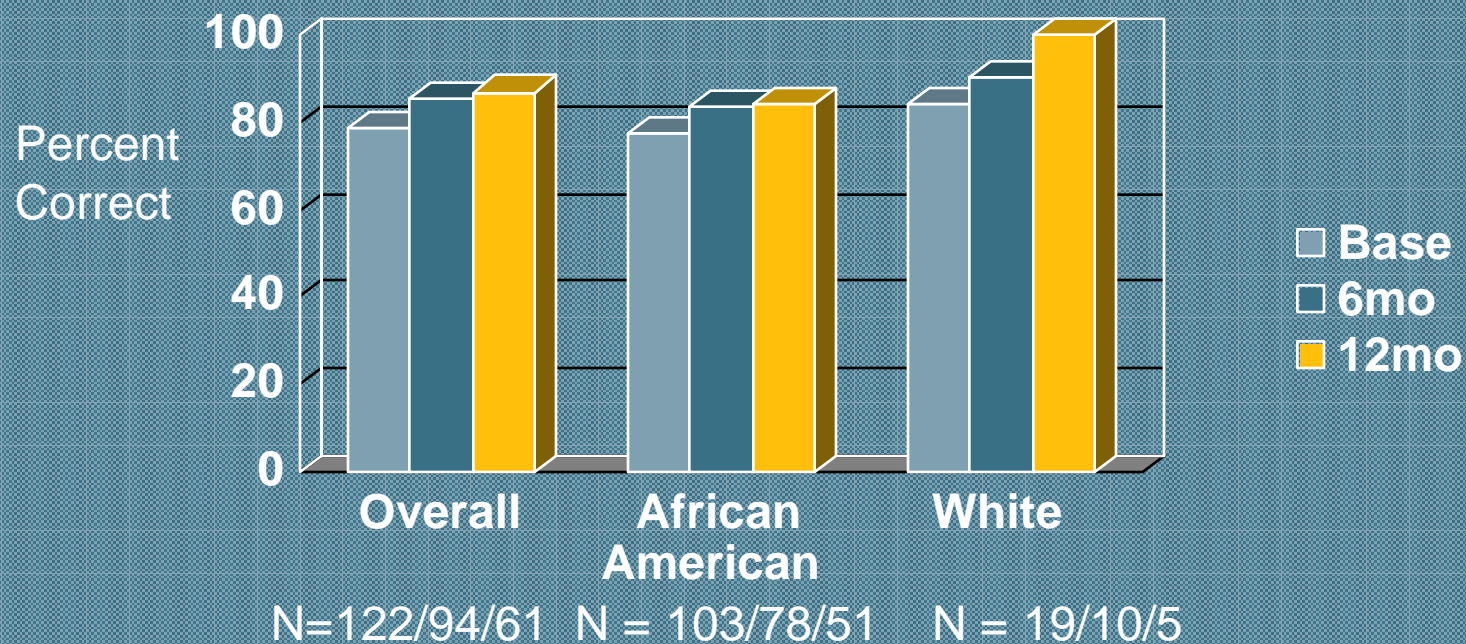
Results: Knowledge

CRC screening is not necessary if no symptoms



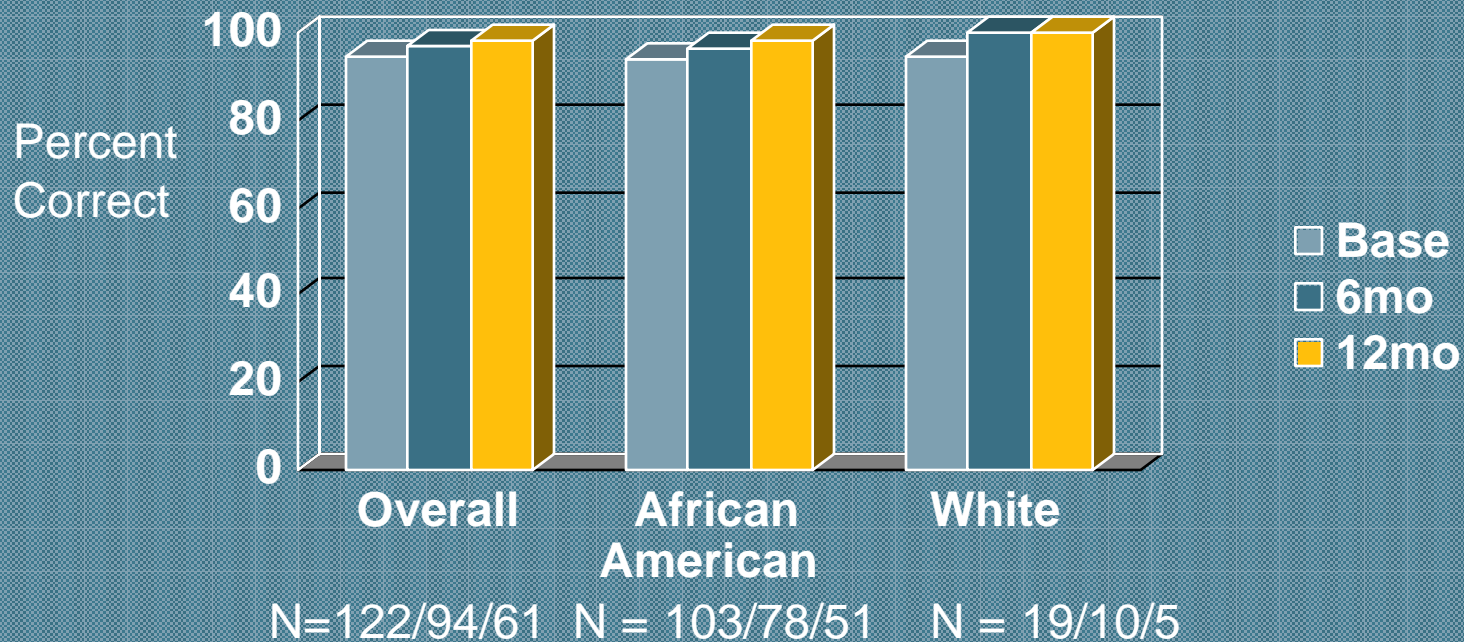
Results: Knowledge

CRC screening is not covered by insurance



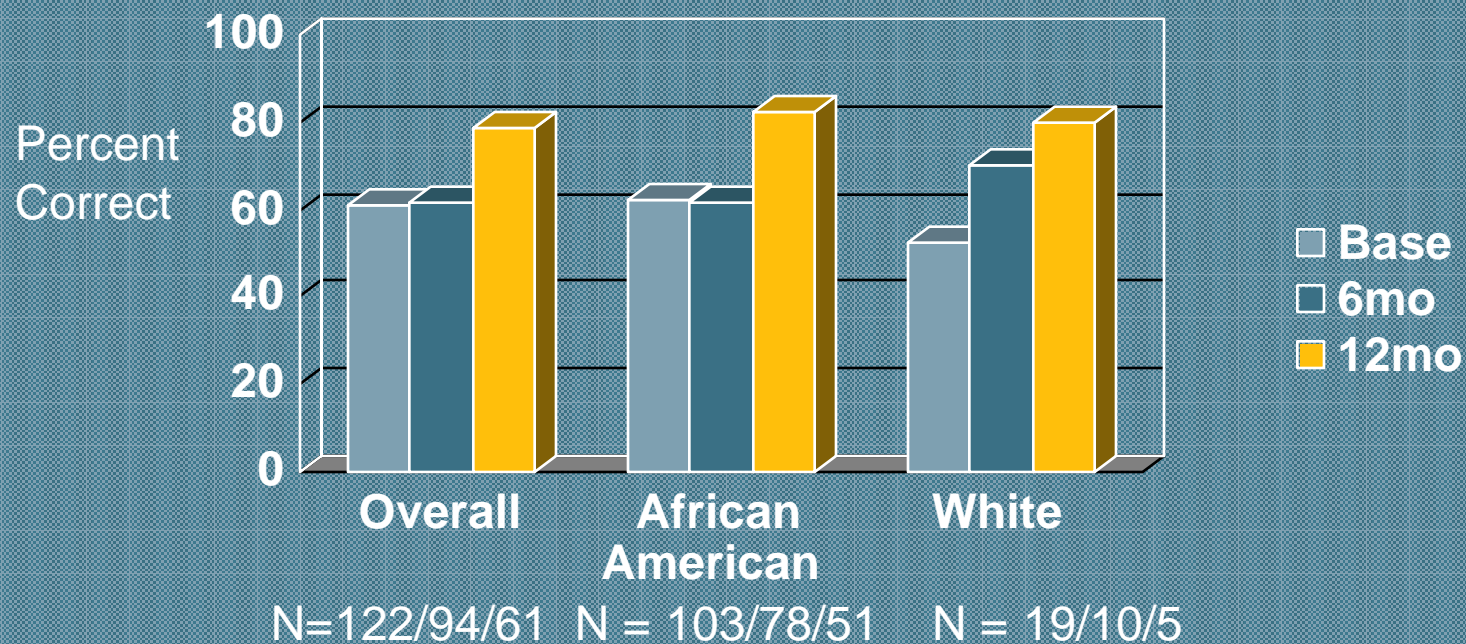
Results: Knowledge

CRC can be found early if screening is done



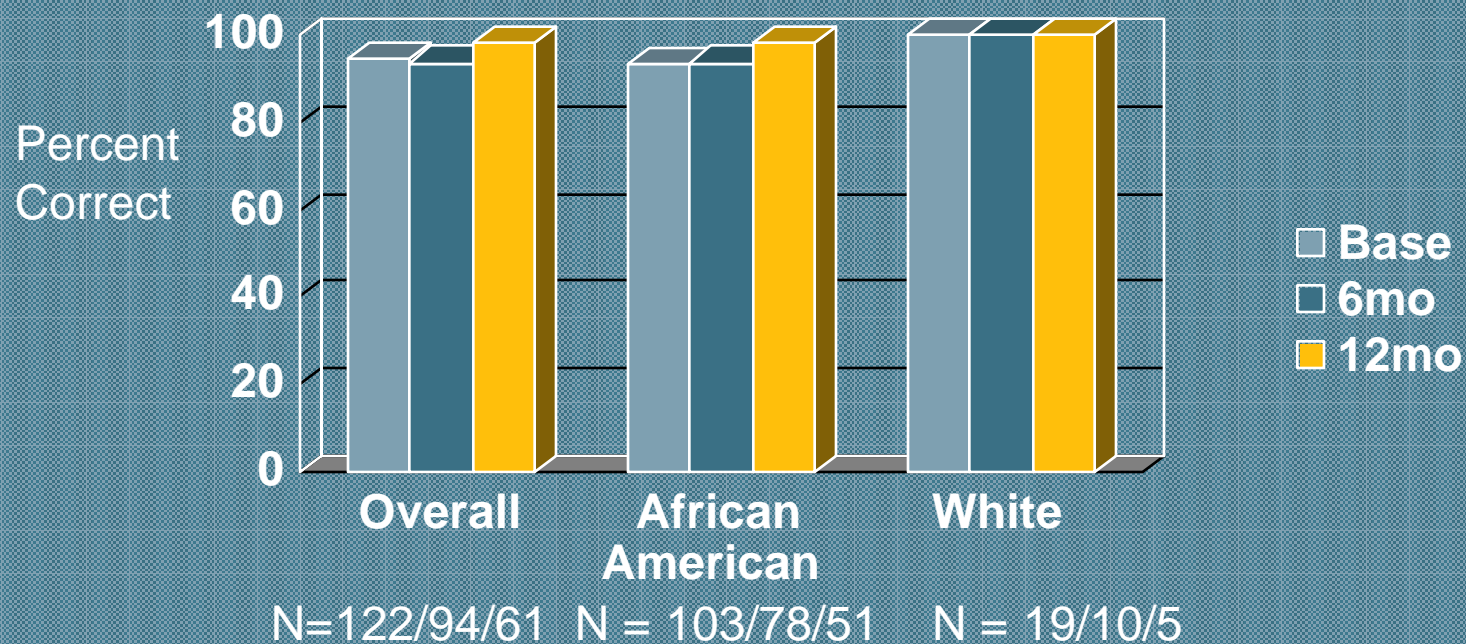
Results: Knowledge

Treatment is not as bad if screening is done



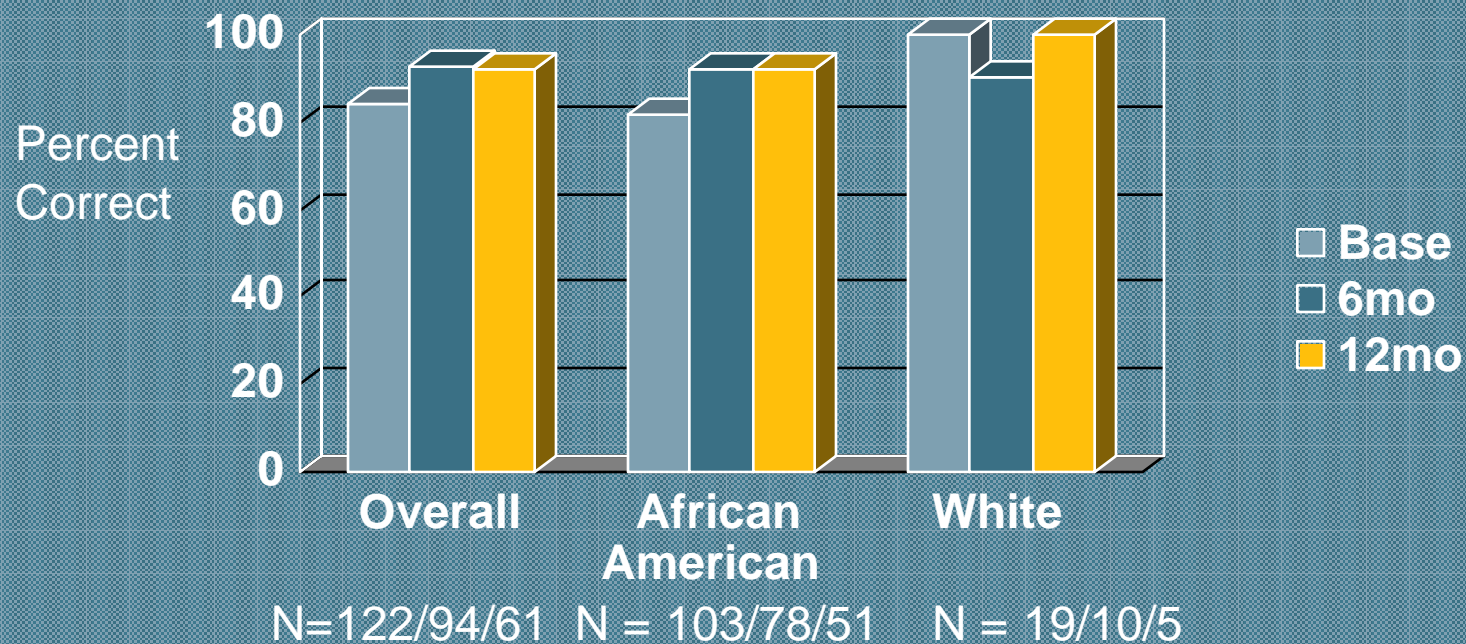
Results: Knowledge

The best way to find smaller cancer is by screening



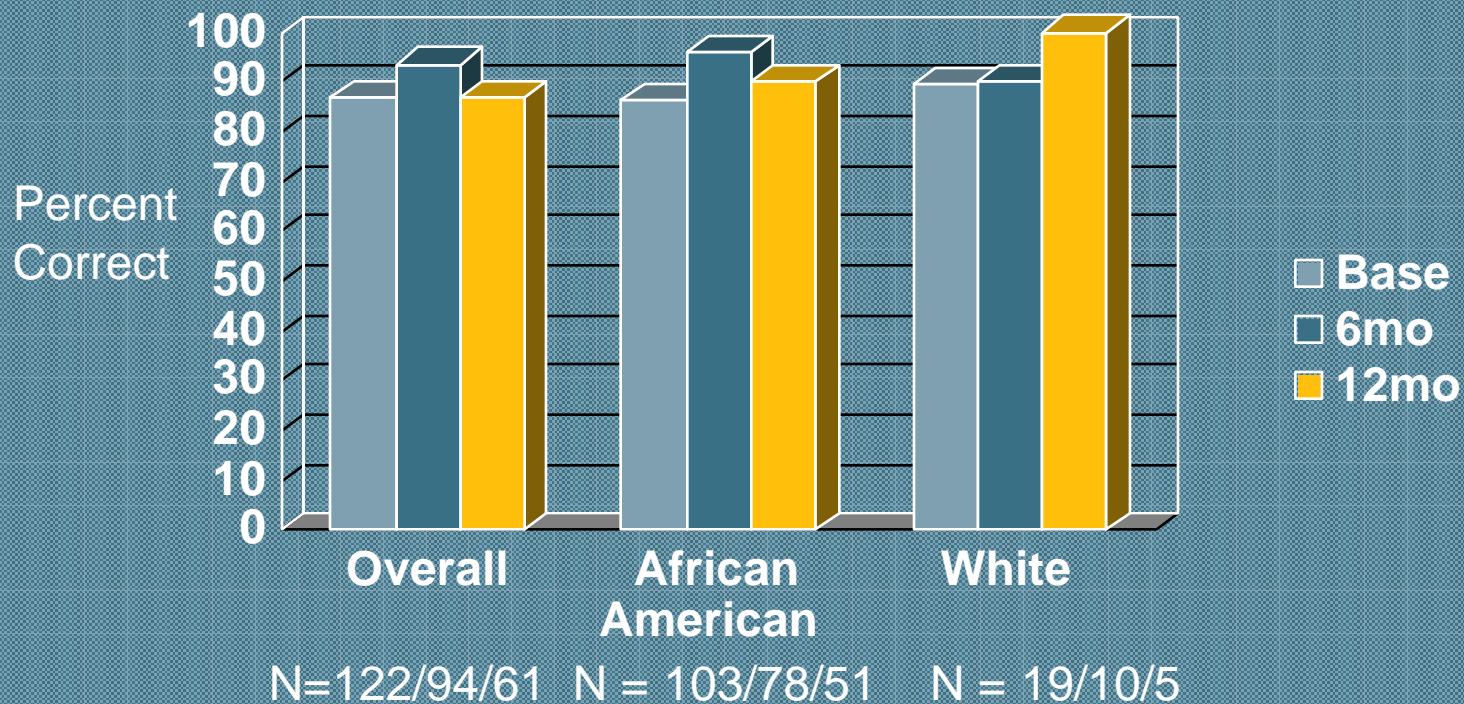
Results: Knowledge

Screening decreases the chances of dying from CRC



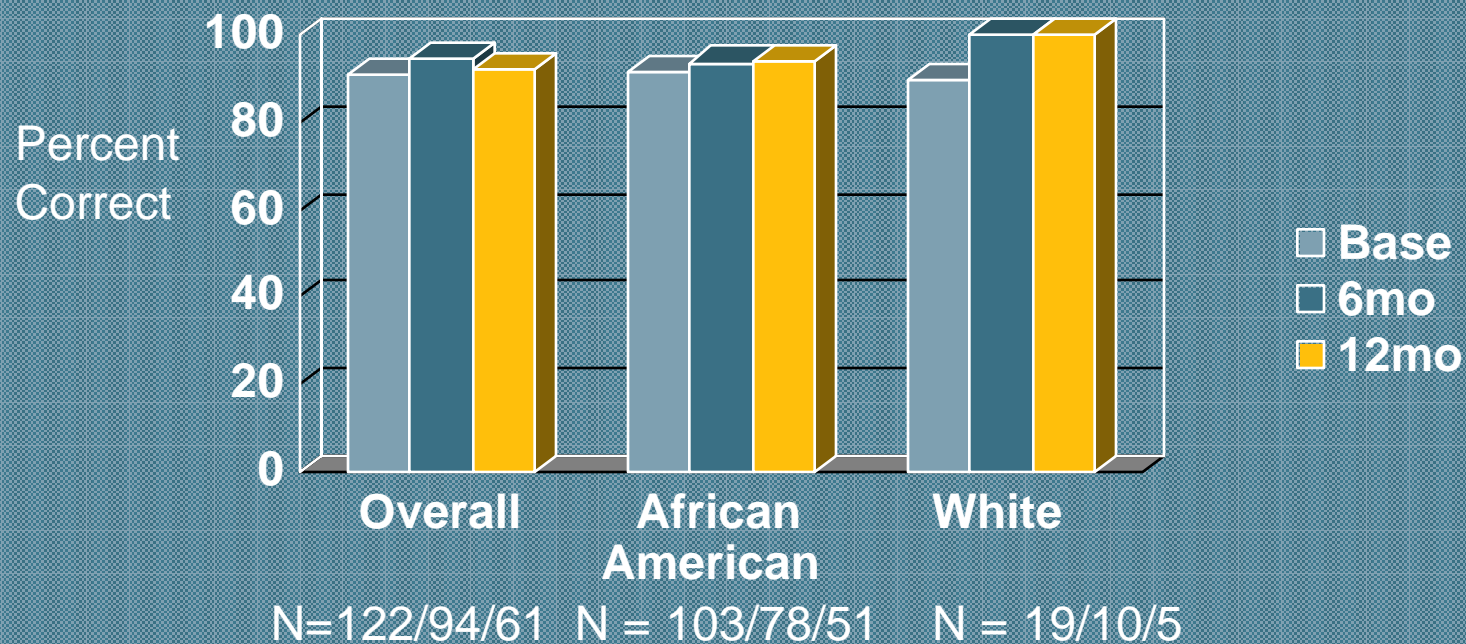
Results: Knowledge

Finding CRC early will save your life



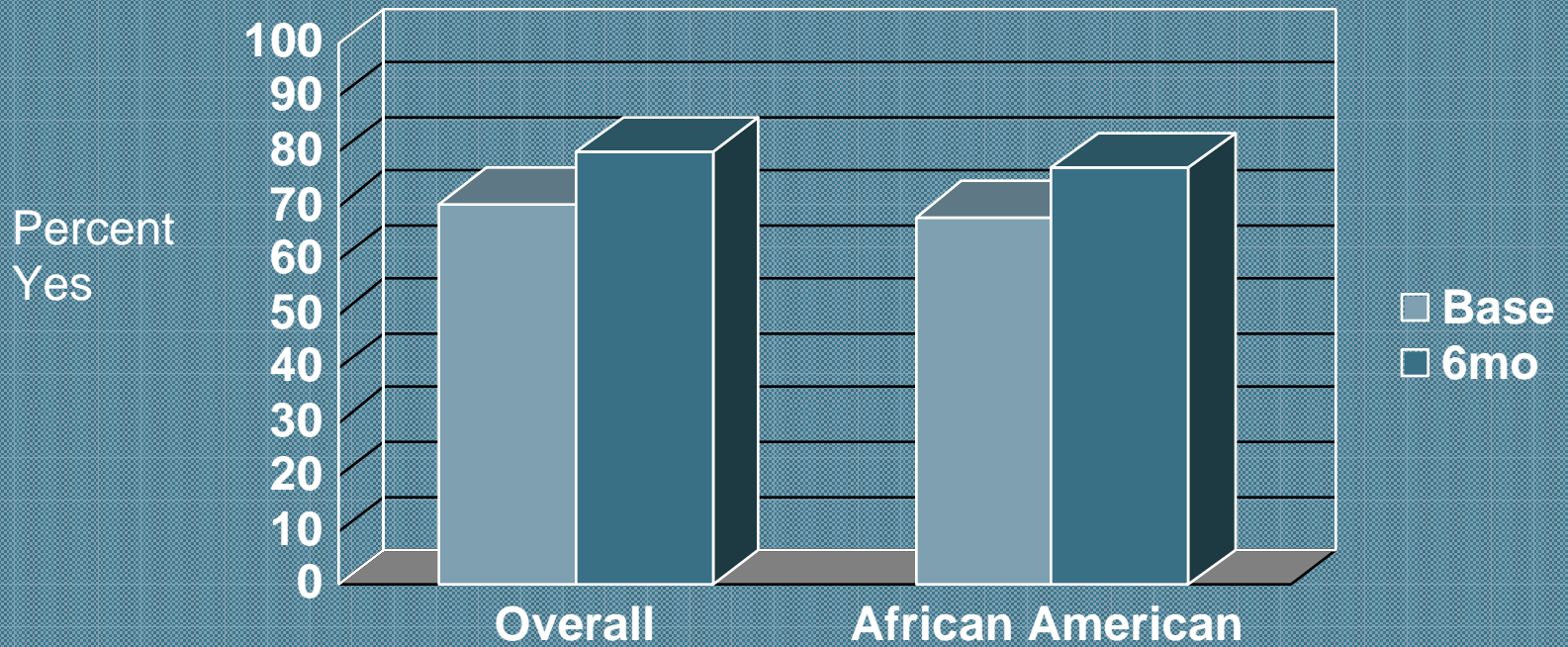
Results: Knowledge

Treatment may not be as bad if cancer is found early



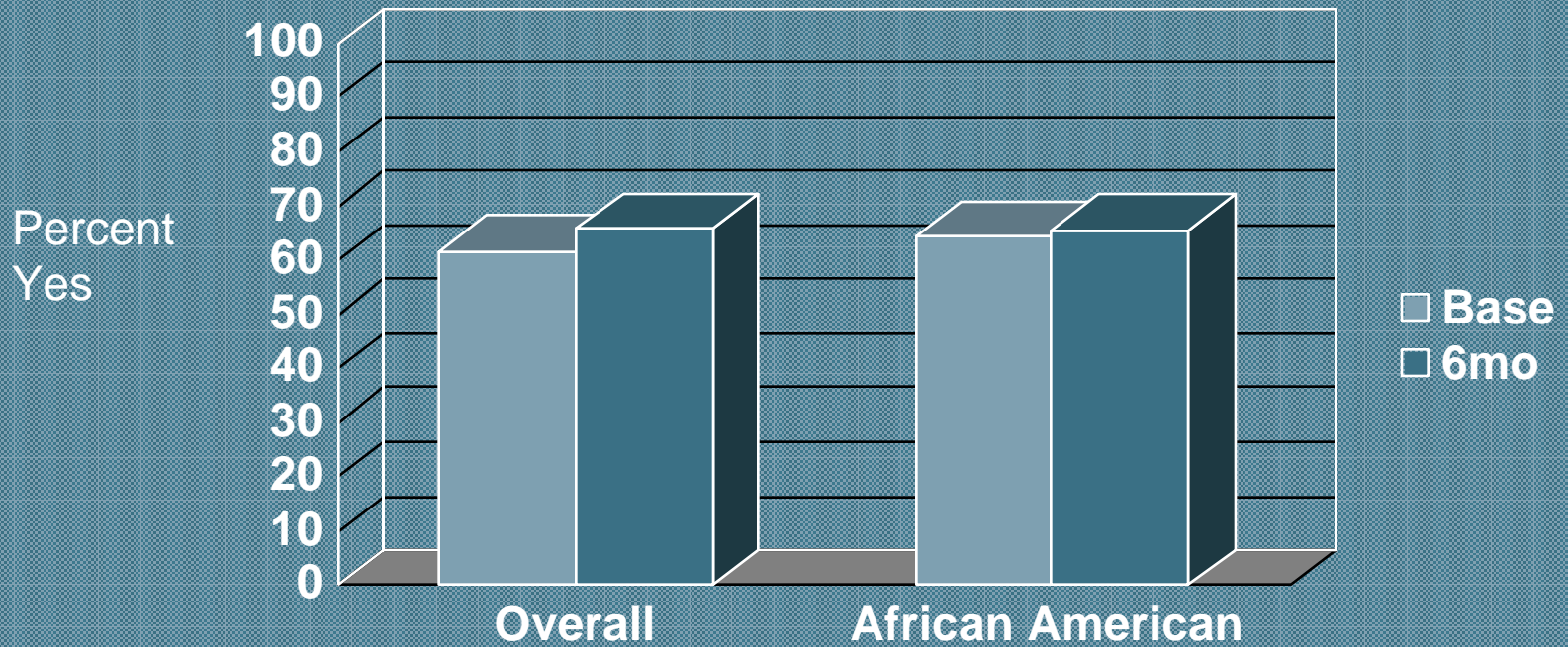
Results: CRC Screening

Ever heard of FOBT?



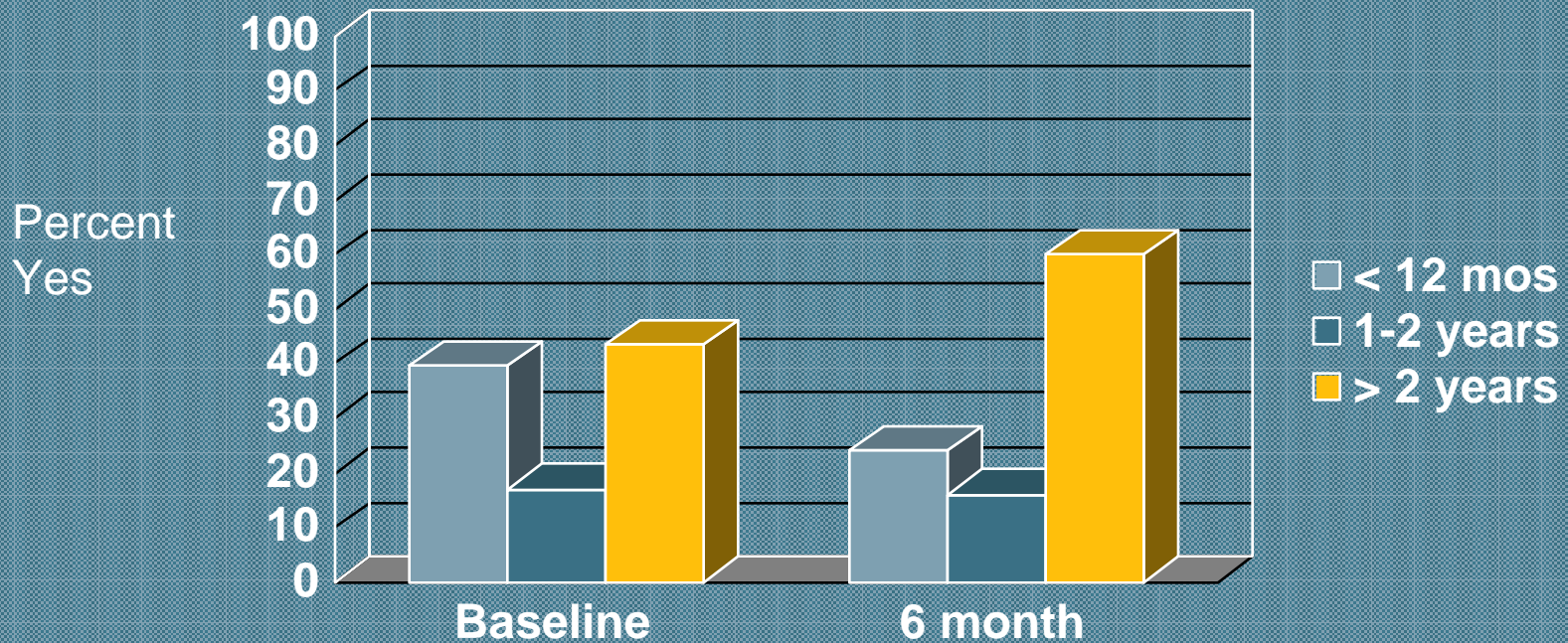
Results: CRC Screening

If yes, ever had an FOBT?



Results: CRC Screening

If yes, how long since last FOBT?

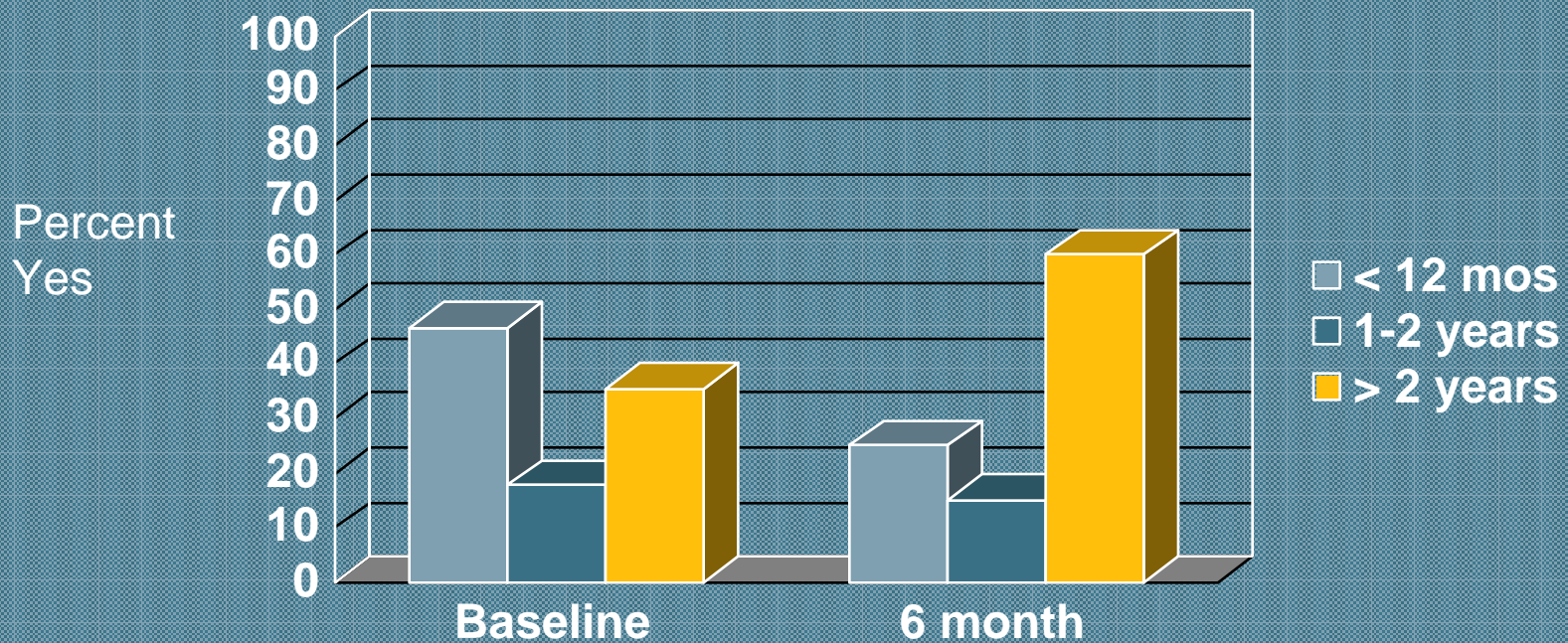


Overall Sample



Results: CRC Screening

If yes, how long since last FOBT?

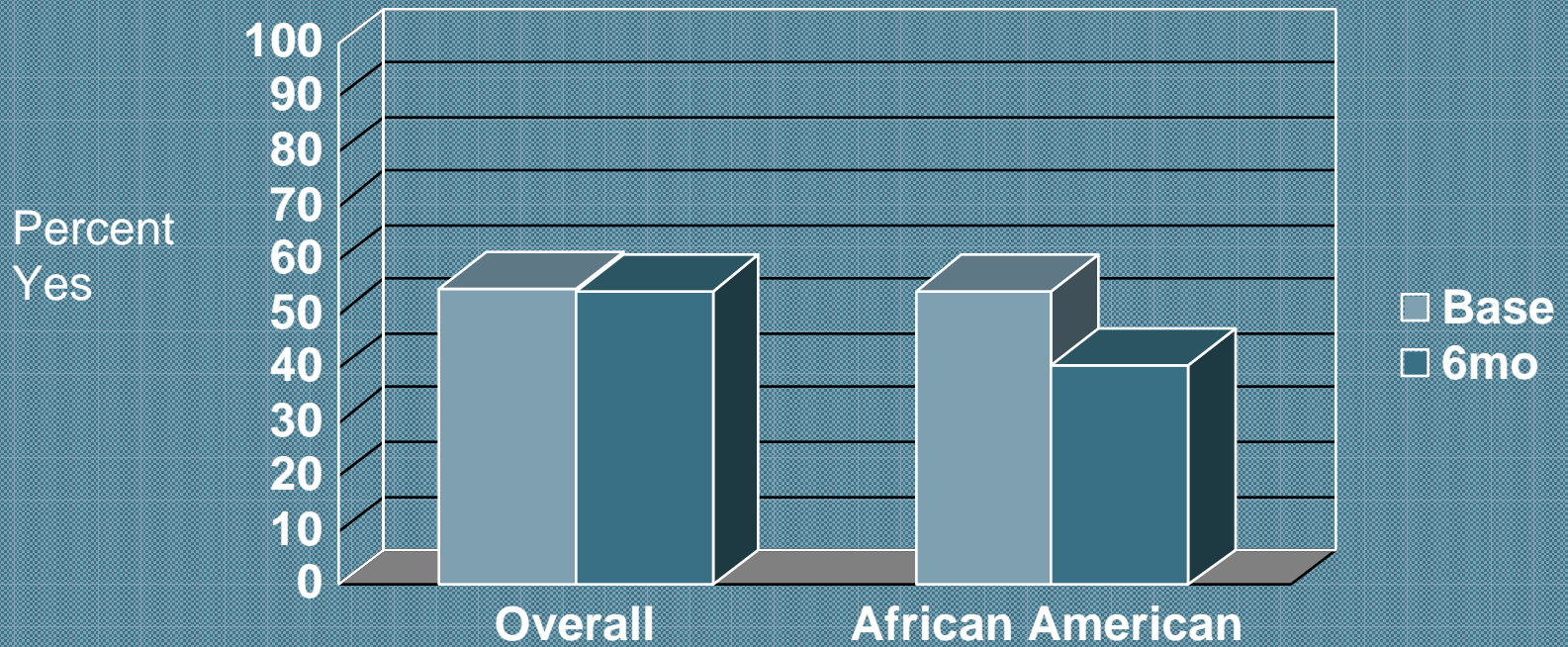


African Americans



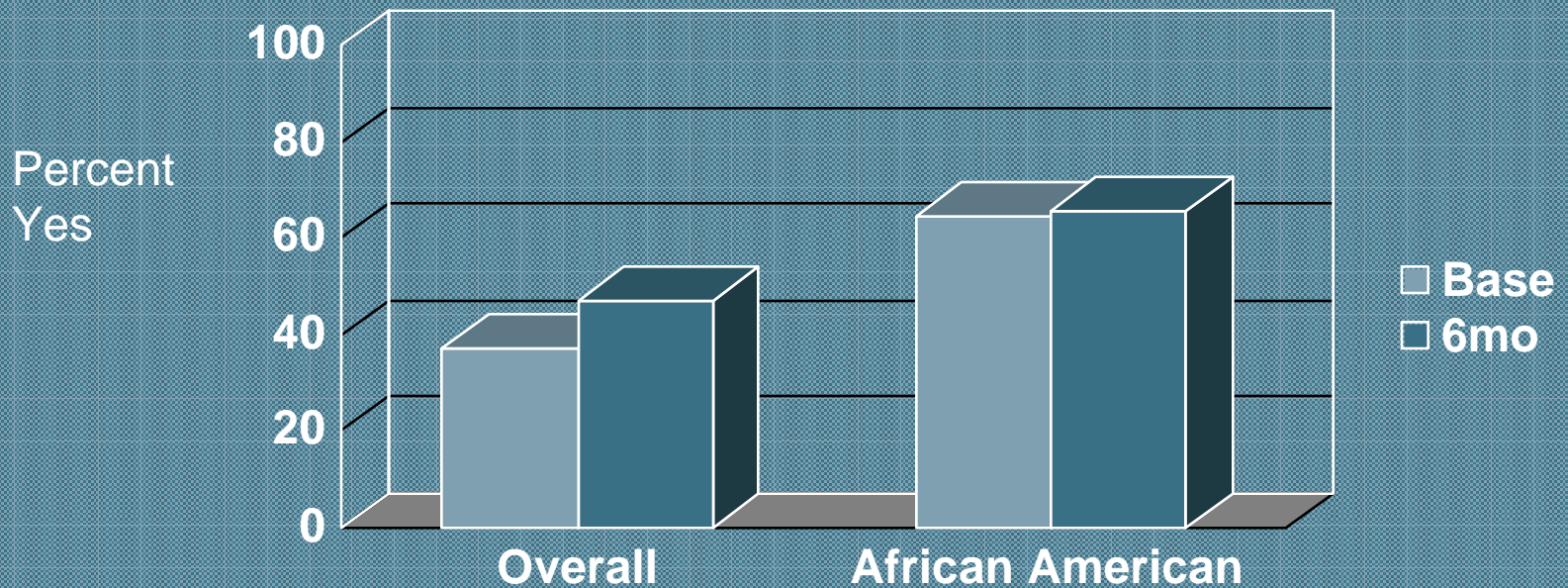
Results: CRC Screening

Ever heard of Flexible Sigmoidoscopy?



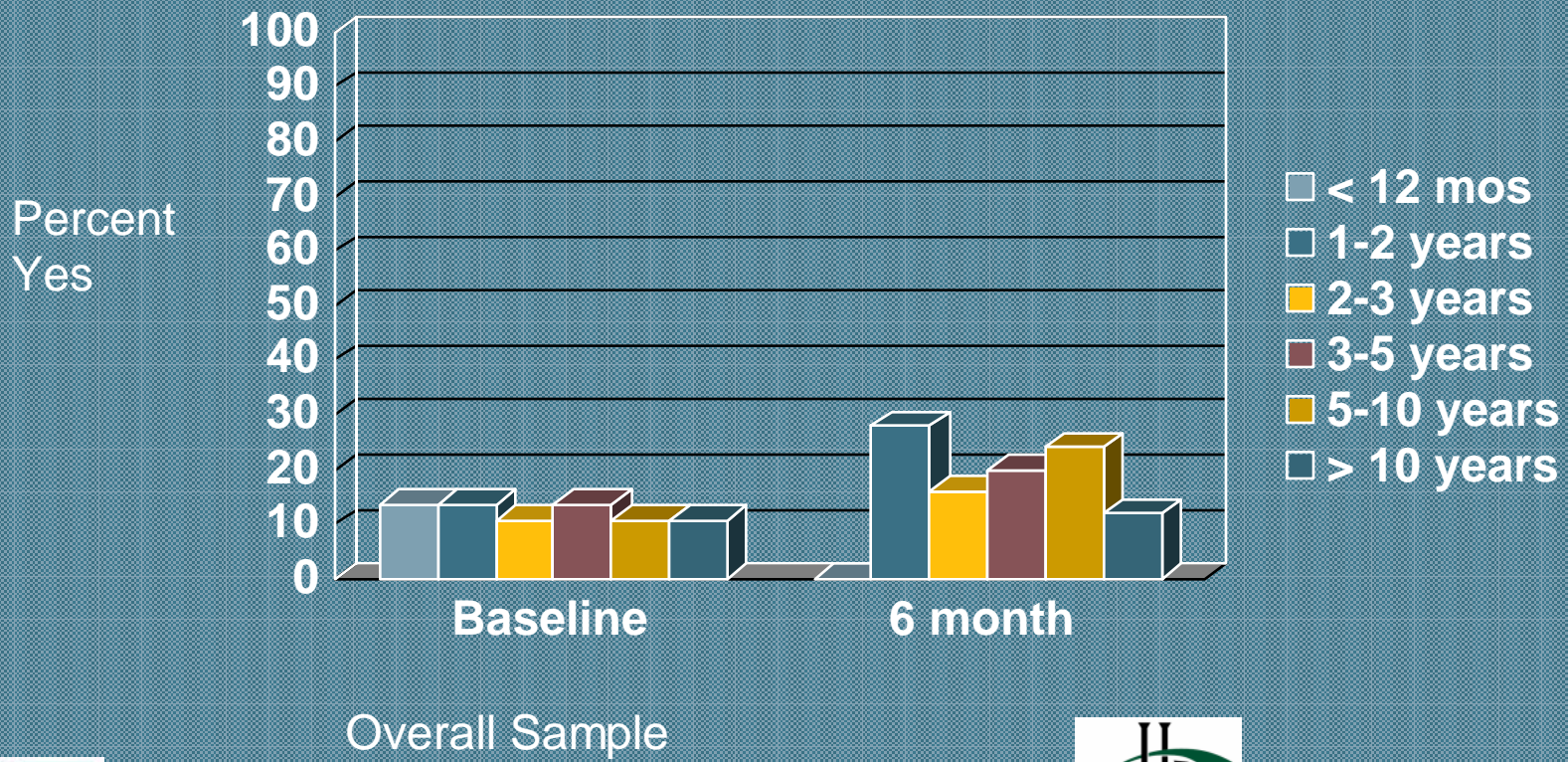
Results: CRC Screening

If yes, ever had an Flexible Sigmoidoscopy?



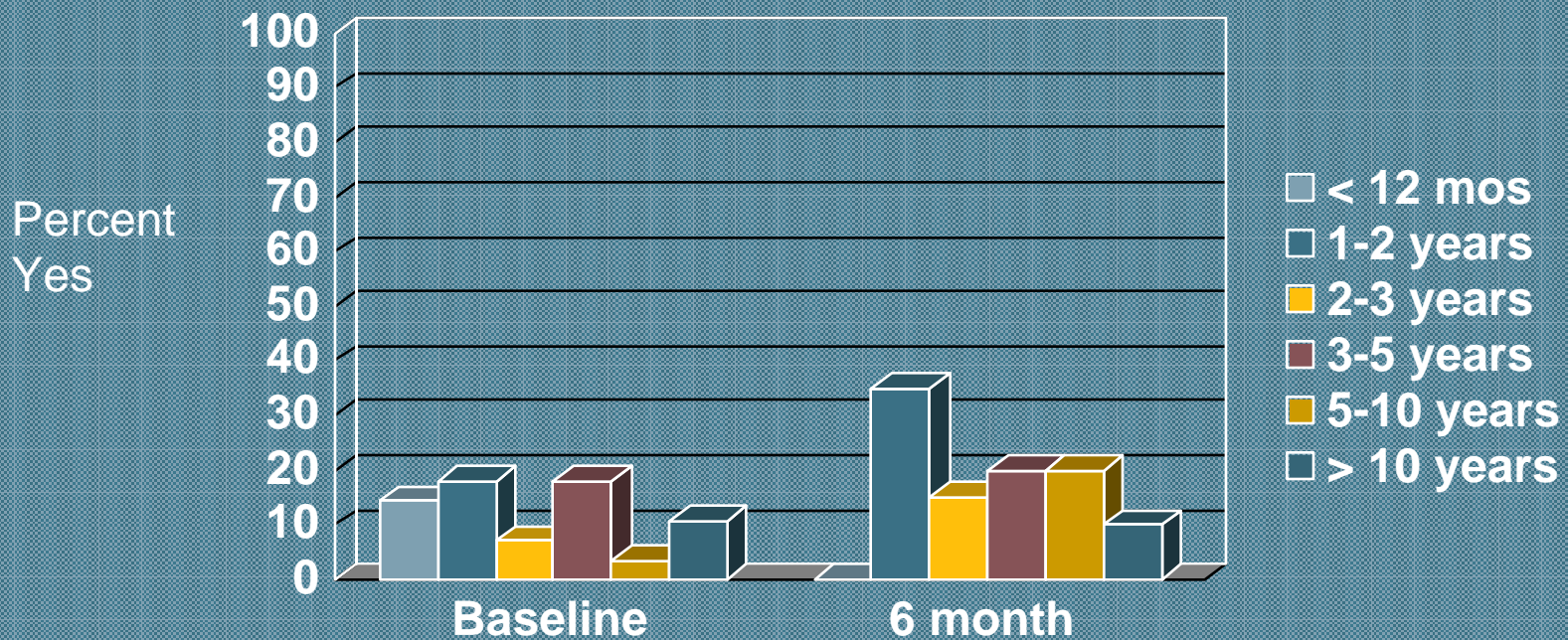
Results: CRC Screening

If yes, how long since last Flex Sig?



Results: CRC Screening

If yes, how long since last Flex Sig?

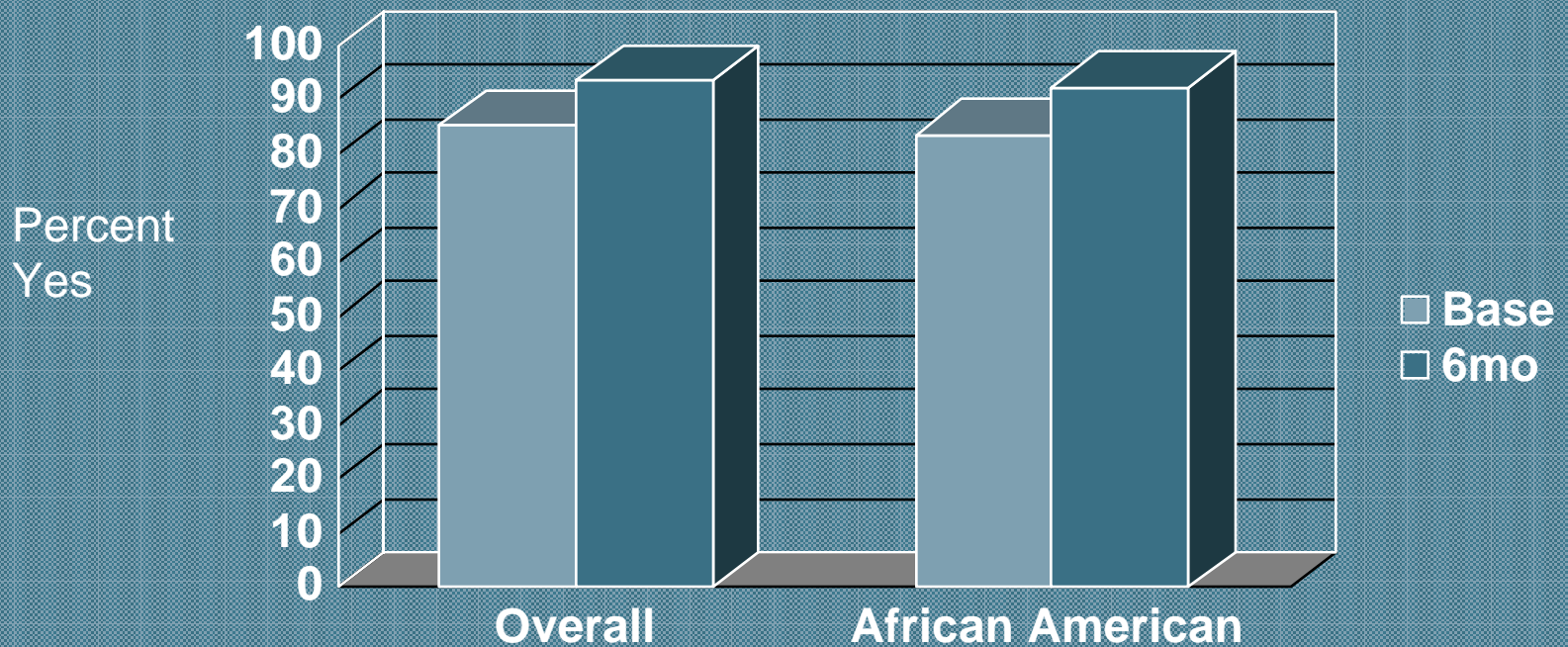


African American



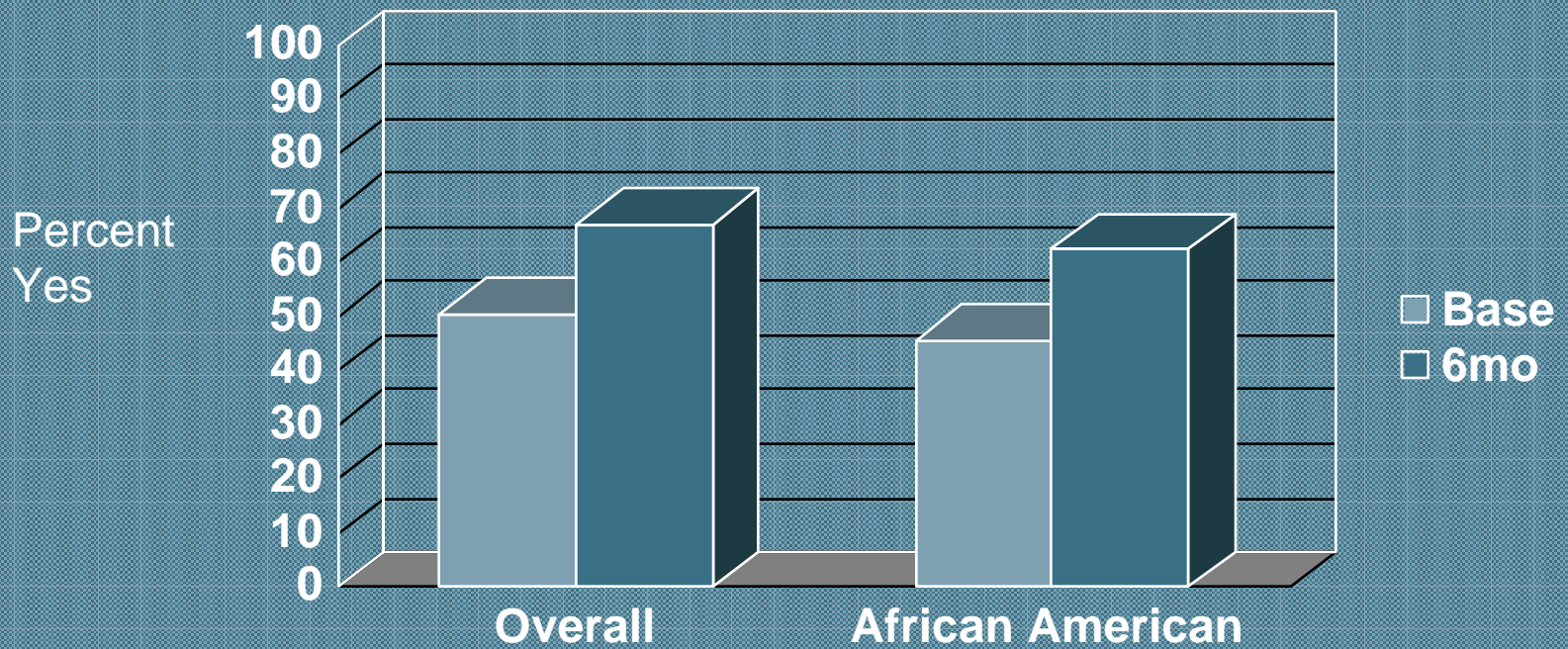
Results: CRC Screening

Ever heard of Colonoscopy?



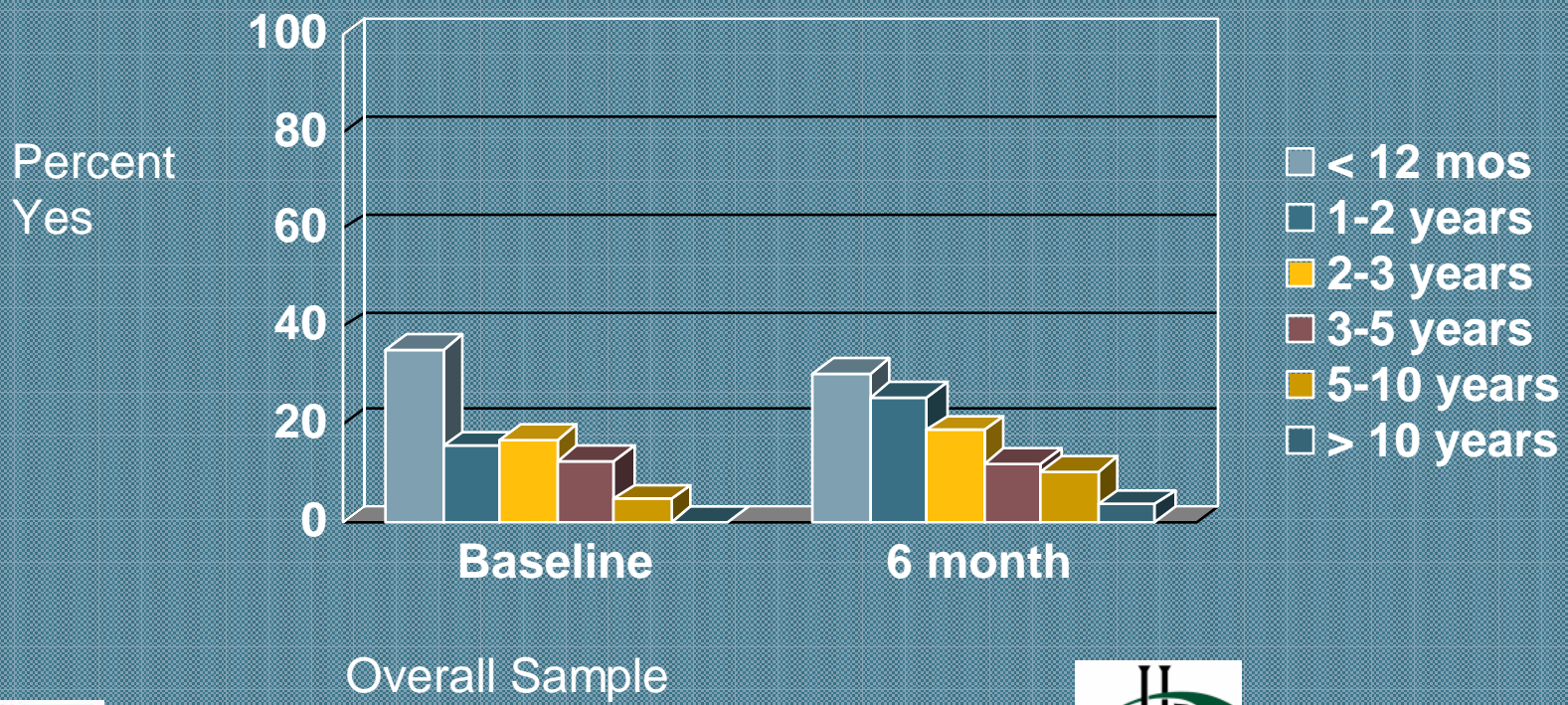
Results: CRC Screening

If yes, ever had an Colonoscopy?



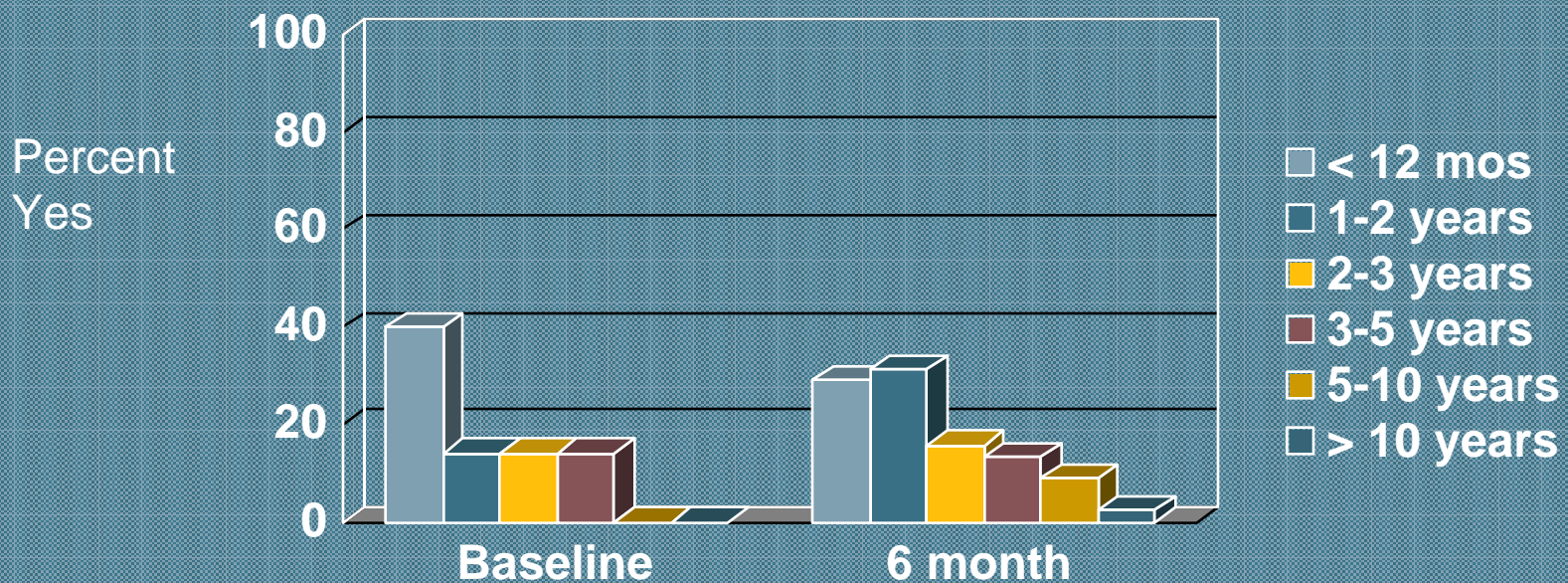
Results: CRC Screening

If yes, how long since last Colonoscopy?



Results: CRC Screening

If yes, how long since last Colonoscopy?



African American



Conclusions

- Preliminary analyses suggest increases in knowledge and awareness
- Follow up with multivariate analyses and significance testing
- Lack of comparison/control group limits conclusions to be drawn
- However, program was well-received and may have had some impact on outcomes



References

- Agrawal, S., Bhupinderjit, A., Bhutani, M., Boardman, L., Nguyen, C., Romero, Y., Srinivasan, R., & Figueroa-Moseley, C. (2005). Colorectal cancer in African Americans. American Journal of Gastroenterology, 100, 515-523.
- American Cancer Society. (2004). Cancer Facts and Figures 2004. Atlanta, GA: American Cancer Society, Inc.
- Jemal A, Murray, T., Ward, E., Samuels, A., Tiwari, R., Ghafoor, A., Feuer, E., & Thun, M. (2005). Cancer Statistics, 2005. Ca: a Cancer Journal for Clinicians, 55, 10-30.



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Questions/Comments?

